



Town of Merrimack
 6 Baboosic Lake Road
 Merrimack, New Hampshire 03054
 Phone (603) 424-2331; Fax (603) 424-0461

Fee: \$125.00
Checks payable to: Town of Merrimack

JUNKYARD LICENSE APPLICATION

Please print clearly

Applicant (Owner) Name: _____ Phone: _____

Mailing Address: _____

Email Address (if any): _____

Business Name: _____ Phone: _____

Contact Person: _____

Business Address: _____

In keeping with this application, I hereby give my consent to the Town of Merrimack, New Hampshire or to their designated person to examine and obtain copies of all pertinent documents that address my background as it may pertain to the purpose for which this license/permit is requested. I understand the information gathered by the Town shall become the property of the Town and may not be disclosed to me, and will not be disclosed to any other outside agencies without my express consent. I am willing that a photocopy of this form be accepted with the same authority as the original. I understand that the information requested below is solely for the purpose of obtaining the necessary background information.

I understand that this license/permit, if granted, is subject to the rules, regulations and orders of the Town of Merrimack and State statutes.

Applicant Signature: _____ Date: _____

(For Town Use Only)

PAID: Amount: \$ _____ Date Paid: _____

Check: Check # _____ OR Cash: Amount \$ _____



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Please include this form with
your application and payment.

COMPLIANCE CERTIFICATION STATEMENT - JUNKYARDS

for obtaining a license to operate an automotive recycling yard or motor vehicle junkyard license
pursuant to RSA 236:115, II and RSA 236:121

Facility Name: _____

Facility Street Location: _____ Town: Merrimack

Facility Owner / Operator: _____

This facility is an: existing facility (complete statement 1 below)

proposed facility (complete statement 2 below)

1. For an EXISTING facility, complete this statement and attach to the license application:

I am familiar with the best management practice (BMPs) established by the Department of Environmental Services (DES) for the automobile salvage industry* and to the best of my knowledge and belief based in part on my own inspection and review of facility operations, I certify hereby that the facility is: *(check one and sign beneath):*

Operated in compliance with the BMPs established by DES

or

NOT operated in compliance with the BMPs. (Attach a full description of all aspects of the facility that are non-compliant, and provide a plan and schedule for achieving compliance. Prepare to present the same information at a hearing, to be scheduled by town officials pursuant to RSA 236:111-129).

Signed under penalty of unsworn falsification:

Facility Owner / Operator Signature

Date

2. For a PROPOSED facility, complete this statement and attach to the license application:

I am familiar with the best management practice (BMPs) established by the Department of Environmental Services (DES) for the automobile salvage industry* and to the best of my knowledge and belief based in part on my personal inspection and review of the plans and specifications for the proposed facility, I certify hereby that the facility is designed and shall be operated in compliance with the BMPs established by DES.

Signed under penalty of unsworn falsification:

Facility Owner / Operator Signature

Date

* For a complete list of the referenced BMPs, see booklet titled "Motor Vehicle Salvage Yard Environmental Compliance Manual & Self-Audit Checklist" published by the Department of Environmental Services (DES). Copies are available by contacting the DES Green Yards Program for Auto Recyclers at 29 Hazen Drive, PO Box 95, Concord, NH 03302; email: nhgreenyards@des.state.nh.us; telephone: (603) 271-2938. Also, the booklet can be downloaded from the DES website at: <http://des.nh.gov/SW/GreenYards/GYComplianceManual.pdf>